

216020654
99514

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 147	Agency Case No. B6-044484	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/21/2016		(In Military Time) TIME OF ACCIDENT 1116	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1117	05/21/2016	
B 71	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. WEST O STREET		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
35.00		X		SUN VALLEY BLVD		
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 02	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12718237		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	JUAN J MARTINEZ		PHONE	4028814290	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/29/1968	
G 4	OWNER	JUAN J MARTINEZ		PHONE	4028814290	
V1/O 1	VEHICLE	2013	Honda	CIVIC	4 door Sedan	white
V2/O 1	VEHICLE ID NO. (VIN)	19XFB2F81DE050383		INSURANCE COMPANY	WADENA INSURANCE	
I 1	DRIVER LICENSE NO.	G02061119		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	ROBERTA L WIESE		PHONE	4024765858	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/05/1966	
J 01	OWNER	ROBERTA L WIESE		PHONE	4024765858	
V1/Q 4	VEHICLE	2014	Chevrolet	EQUINOX	Medium/large	gray
V2/Q 4	VEHICLE ID NO. (VIN)	2GNFLGEK7E6224070		INSURANCE COMPANY	AMERICAN FAMILY	
K 02	TOWED TO	TOWED BY		POLICY NO.	084333190180FPPANE	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
2	ROBERTA L WIESE	1727 SURFSIDE, LINCOLN, NE 68528		11/05/1966	01 1 04 4 1	F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044484



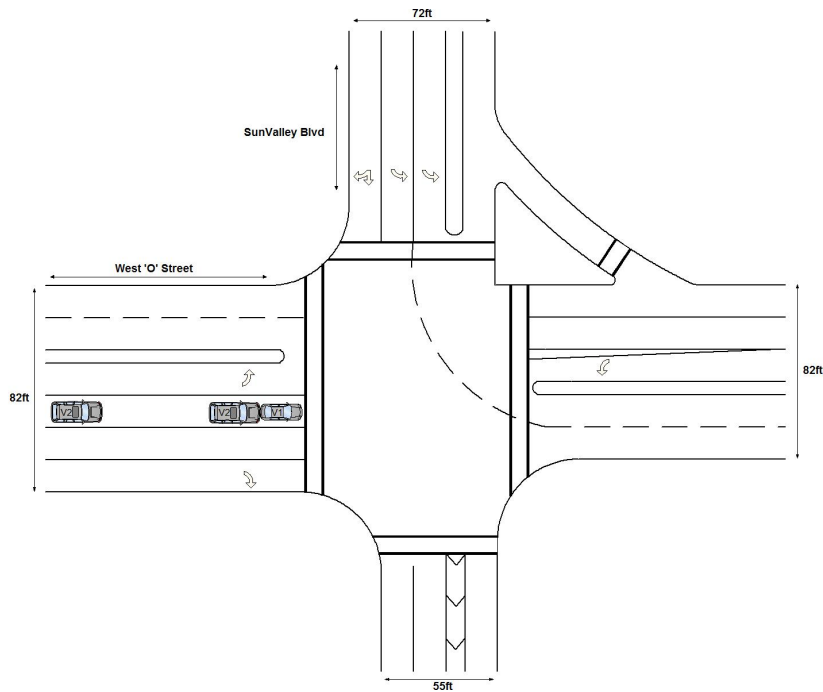
Indicate
North
by Arrow



LEGEND

POI
(APPROXIMATE)
35' WEST OF
WEST CURB OF
SUN VALLEY AND
23' NORTH OF
SOUTH CURB OF
WEST O STREET

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of Vehicle #1 said he was operating his vehicle Eastbound on West O Street, stopped for a red traffic signal at Sun Valley Blvd, when his vehicle was struck from behind by Vehicle #2. Driver of Vehicle #2 said she was also operating her vehicle Eastbound on West O Street, approaching Sun Valley Blvd. She said she believed her traffic signal was green, and that Vehicle #2 was moving forward. She said she looked down towards the center console to obtain an Inhaler, and her vehicle struck Vehicle #1. Driver of Vehicle #2 said she also believed that Vehicle #1 was waiting to turn Northbound onto Sun Valley from the wrong lane.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	4	VEH 2	1
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
1			X		WEST O STRE	POINT OF IMPACT	05	POINT OF IMPACT	01	1	2	2	2	Y		Y	Y
2			X		WEST O STR	MOST DAMAGED AREA	05	MOST DAMAGED AREA	01	4	5	2	2	N	X	N	X
1	11	06 Turning left				00 None		02	03	04	1 None used - vehicle occupant		ALCOHOL LEVEL TESTED				
2	01	07 Making U-turn				09 Top & windows		01	05		2 Lap & shoulder belt used		BAC LEVEL				
					08 Entering traffic lane	10 Undercarriage				3 Shoulder belt only used		ALCOHOL/ DRUGS SUSPECTED			Driver No. 1	Driver No. 2	
					09 Leaving traffic lane	11 Total (all areas)				4 Lap belt only used		1		1			
					10 Parked	12 Other				5 Child safety seat used		2		1 Neither alcohol nor drugs suspected			
					11 Slowing or stopped in traffic					6 Child booster seat used		3		2 Yes - alcohol suspected			
					12 Other					7 DOT approved helmet used		4		3 Yes - drugs suspected			
					13 Unknown					8 Costume helmet used		5		4 Yes - alcohol & drugs suspected			
										9 Restraint use unknown		Unknown		5 Unknown			
OFFICER NO. 956					TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
INVESTIGATOR NAME (Print or Type) Chris Ehrhorn					INVESTIGATOR SIGNATURE Approved by Chris Ehrhorn					DATE OF REPORT 05/21/2016							